

KENTUCKY IMMUNIZATION PROGRAM

CELSIUS TEMPERATURE LOG

MONTH/YEAR: _____

DAYS 1-15

REFRIGERATOR																														
Staff Initials																														
Time																														
Day of Month	1		2		3		4		5		6		7		8		9		10		11		12		13		14		15	
°C Temp	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm
≥11	Take corrective action if the temperature is in the shaded section.																													
10																														
9																														
8																														
7																														
6																														
5																														
4																														
3																														
2																														
1	Take corrective action if the temperature is in the shaded section.																													
0																														
≤-1																														
FREEZER																														
≥-12	Take corrective action if the temperature is in the shaded section.																													
-13																														
-14																														
-15																														
-16																														
-17																														
-18																														
-19																														
<-20																														

Instructions: Place an "X" in the box that corresponds with temperature. The gray zones represent unacceptable temperature ranges. If the temperature is recorded in the gray zone:

1. **Store the vaccine** under proper conditions as quickly as possible
2. **Call the immunization program** at (502) 564-4478 for further assistance.
3. **Document the action** taken on the reverse side of this log.